

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08/908,867

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
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32						
33	1					
34	1					
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41	1					
42	1					
43	5					
44	5					
45	5					
46	5					
47	5					
48	5					
49	5					
50						
TOTAL IND.		0		0		0
TOTAL DER.		0		0		0
TOTAL CLAIMS						

	* IND.		* DER.		* IND.		* DER.	
	IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.
51								
52								
53	1							
54		4						
55		4						
56		4						
57		4						
58	1							
59	1							
60		2						
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100								
TOTAL IND.	8							
TOTAL DER.	36							
TOTAL CLAIMS	44							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS